

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/593260

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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5						
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7						
8		2		2		
9		2		2		
10		2		2		
11		1		1		
12	1		1			
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26		13				
27		13				
28						
29		13				
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34		4		4		
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50						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	69	←	34	←		←
TOTAL CLAIMS	75		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						